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WEMMH/SB/21 (4/03)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/651,055
	Filing Date	August 28, 2003
	First Named Inventor	Rahul MITAL
	Group Art Unit	3748
	Examiner Name	Diem T. Tran
Total Number of Pages in this Submission	Attorney Docket Number	8317-18/ FG-4476

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached see PTO-2038 form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request - 1 month	<input checked="" type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Additional Enclosure (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Statement under 37 CFR 3.73(b)
<input type="checkbox"/> Certified Copy of Priority Documents	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	James M. Durlacher Woodard, Emhardt, Moriarty, McNett & Henry LLP	
Signature	<i>James M. Durlacher</i>	
Date	December 21, 2005	

Certificate of Mailing			
I hereby certify that this correspondence is being telefaxed to the United States Patent and Trademark Office, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 via Telefax No. 571-273-8300 on this date: December 21, 2005			
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Signature	<i>James M. Durlacher</i>	Date	December 21, 2005

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**FEE TRANSMITTAL
FOR FY 2005**

Effective 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).

☐ Applicant claims small entity status. See 37 CFR 1.27Total Amount of Payment (\$)**250.00****Complete If Known**

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Attorney Docket Number	8317-18/FG-4476-CON

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None ☐ Other (please identify):☐ Deposit Account: Deposit Account Number **23-3030**Deposit Account Name **Woodard, Emhardt, Mortary,
McNitt & Henry LLP****See PTO 2038 Form**

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments ☒ Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION:****1. BASIC FILING, SEARCH AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$ 0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

50

25

Multiple dependent claims

200

100

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

360

180

* - 20 or HP = * x 50 = (\$)

Fee

Fee Paid (\$)

(HP = highest number of total claims paid for, if greater than 20)

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

360

\$ 0

* - 3 or HP = * x 200 = (\$)

(HP = highest number of independent claims paid for, if greater than 3)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$)

-100 = / 50 = (round up to a whole number) x =

0

4. OTHER FEE(S)

Fee Paid (\$)

Non-English Specification.

0

Other: Fee for one (1) month extension of time

\$120

Fee for Terminal Disclaimer

\$130

SUBMITTED BY:

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Date: December 21, 2005

CERTIFICATE OF MAILING OR TRANSMISSION

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Name (Print/Type): Sandra L. Stitz

Signature: *Sandra L. Stitz*

Date: December 21, 2005